

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	75331	
O.I.P.E. CLASSIFIER	<i>g</i>	48	10/20/99
FORMALITY REVIEW		69652	10/27/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2-27-02
2	✓	✓	7-10-02
3	✓	✓	11/1/02
4	✓	✓	11/1/02
5	✓	✓	11/1/02
6	✓	✓	11/1/02
7	✓	✓	11/1/02
8	✓	✓	11/1/02
9	✓	✓	11/1/02
10	✓	✓	11/1/02
11	✓	✓	11/1/02
12	✓	✓	11/1/02
13	✓	✓	11/1/02
14	✓	✓	11/1/02
15	✓	✓	11/1/02
16	✓	✓	11/1/02
17	✓	✓	11/1/02
18	✓	✓	11/1/02
19	✓	✓	11/1/02
20	✓	✓	11/1/02
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31	✓	✓	11/1/02
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46	✓	✓	11/1/02
47	✓	✓	11/1/02
48	✓	✓	11/1/02
49	✓	✓	11/1/02
50	✓	✓	11/1/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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